

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90018 015 ****61.25

DOCUMENT # N46638

1. Entity Name
THE GEORGE C. CLARK FOUNDATION, INC.



Principal Place of Business
**2341 HAITIAN DR
APT 21
CLEARWATER, FL 33763-3117**

Mailing Address
**2341 HAITIAN DR
APT 21
CLEARWATER, FL 33763-3117**

94020886



2. Principal Place of Business

3. Mailing Address

13770 58th St. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 304

City & State

City & State
Clearwater, FL

01262004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3099865

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SKALSKI, JOSEPH C.
14010 ROOSEVELT BLVD
STE 708
CLEARWATER, FL 33762**

7. Name and Address of New Registered Agent

Name **SKALSKI, JOSEPH C.**

Street Address (P.O. Box Number is Not Acceptable)

13770 58th St. N.

Ste. 304

City

Clearwater

FL

Zip Code

33760

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VT** ☐ Delete
NAME **CLARK, DAVID**
STREET ADDRESS **2321 HARN BLVD.**
CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE **T** ☐ Delete
NAME **CLARK, NANCY R.**
STREET ADDRESS **5415-1ST WAY N**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33703**

TITLE **ST** ☐ Delete
NAME **CLARK, MARSHA**
STREET ADDRESS **2321 HARN BLVD.**
CITY-ST-ZIP **CLEARWATER, FL 33765**

TITLE **T** ☐ Delete
NAME **CLARK, GEORGE C JR**
STREET ADDRESS **P.O. BOX 248**
CITY-ST-ZIP **EVERSON, WA 98247**

TITLE **PTT** ☐ Delete
NAME **CLARK, GEORGE C.**
STREET ADDRESS **2520 SUNSET POINT ROAD #45**
CITY-ST-ZIP **CLEARWATER, FL 33765**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Change ☐ Addition
NAME **CLARK NANCY R.**
STREET ADDRESS **220 Greenville Ave N**
CITY-ST-ZIP **St. Petersburg, FL 33703**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PTT** ☒ Change ☐ Addition
NAME **CLARK, GEORGE C.**
STREET ADDRESS **2341 Haitian Dr., APT. 21**
CITY-ST-ZIP **Clearwater, FL 33763**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #